

This is **NOT** an application for childcare services.
Customer must apply in the county where he/she lives

Date Received by DFCS

Georgia Department of Human Resources
Division of Family and Children Services
Inquiry/Screening for Child Care Services

Name: _____ Date of Birth: _____ Social Security # (not required) _____

Mailing Address: _____ Home Phone Number: _____

City _____ State _____ Zip _____ Work Phone Number: _____

Families must have limited income to be eligible for child care help. There are also other requirements that the family must meet to be eligible. **This chart shows the number of people in the family and the most money that the family can receive to meet the income limit.** The income is before taxes are taken out.

Number in Family	2	3	4	5	6	7	8	9
Maximum income in a year (before taxes)	\$21,120	\$26,560	\$32,000	\$37,440	\$42,880	\$48,320	\$53,760	\$59,200

A. If you need child care, tell us about your family situation. If you are applying for child care for someone else, tell us about his/her situation. We can help you fill out this form if you ask.

- Does anyone under age 21 in the family need help with child care to go to middle school, high school or GED classes? ☐ Yes ☐ No
- Are there any children under age 18 who have a special need or a disability and need child care? ☐ Yes ☐ No
- Is anyone in the family applying for Temporary Assistance for Needy Families (TANF) now? ☐ Yes ☐ No
- Does the family receive TANF now for any children who live in the household? ☐ Yes ☐ No
- Did TANF end within the last 60 days? ☐ Yes ☐ No
- Is the person requesting child care a grandparent age 60 or older, or receive SSI or RSDI disability **and** raising a grandchild who is under age five (5)? ☐ Yes ☐ No
- Is there a child in the family who is now enrolled in Georgia Pre-Kindergarten or Head Start who needs before/after school care? ☐ Yes ☐ No
- Are there any children under the age of 13 who need child care? ☐ Yes ☐ No
☐ If so, how many need child care? _____
- What are the ages of the child (ren) who need child care? _____
- Has the family who needs child care received help with child care costs from DFCS before? ☐ Yes ☐ No If yes, which county? _____ County
- How many children in the family are under 18 years old? _____

Each parent, guardian or responsible adult(s) must participate in working, attending school or training an average 30 hours per week.

B. If you need child care, tell us about your family income. If you are applying for child care for someone else, tell us about his/her family income.

Parent's Name _____

Child care is needed: ☐ Working ☐ Yes ☐ No _____ hours per week
because: ☐ In school ☐ Yes ☐ No _____ hours per week
(check all that apply) ☐ In training ☐ Yes ☐ No _____ hours per week

Income from working before taxes \$ _____	This income is received: <input type="checkbox"/> weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> once a month.
Other income (child support, etc.): \$ _____	This income is received: <input type="checkbox"/> weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> once a month.

C. If there is another adult in the home who is the spouse of the person who needs child care or the other parent of one of the children, tell us about that person's income.

Other Parent's Name _____

Child care is needed because: ☐ Working ☐ Yes ☐ No _____ hours per week
(check all that apply) ☐ In school ☐ Yes ☐ No _____ hours per week
☐ In training ☐ Yes ☐ No _____ hours per week

Income from working before taxes \$ _____	This income is received: <input type="checkbox"/> weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> once a month.
Other income (child support, etc.): \$ _____	This income is received: <input type="checkbox"/> weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> once a month.

I understand that this is a *request* for service. It is not a guarantee that the child(ren) will be accepted in the program.

Signature

Date

C. For DFCS Use Only

Screened By: _____	Date: _____	Reported Income: _____	Reported # in Family: _____
Date put on waiting list: _____	Notes: _____		

We have reviewed your information and the result of the review is checked below.

- ☐ You **may** be eligible but we need more information. The county will contact you to get this information.
- ☐ An appointment to meet with _____ has been set for: _____ at _____. **A page is attached to this form that tells you what to bring and who to call if you cannot come.**
- ☐ Your name will be added to _____ County's inquiry list. When funds become available, you will be contacted to set up an interview. Your eligibility for child care will be established based on your family situation at that time. **If you move to another county, you should ask about child care in your *new* county.**
- ☐ You do not appear to be eligible because: _____. You may ask for child care help again **if your circumstances change** or if you believe this decision is not correct.